

UNITED STATES DISTRICT COURT
 for the
 Middle District of Alabama

NORRIS W. GREEN _____
 Plaintiff _____
 v. _____
 STATE BOARD OF MEDICAL EXAMINERS, ET AL _____
 Defendant _____

)
)
)
)

Civil Action No. 2:18-cv-719

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

CHARLES M. A. ROGERS, IV, MD
 54 BYRNES BLVD
 MOBILE, ALABAMA 36608-2620

RECEIVED
 2018 OCT 19 A 11:50
 DEBRA P. HACKETT, CLERK
 U.S. DISTRICT COURT
 U.S. DISTRICT ALA
 MIDDLE DISTRICT ALA

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ.P. 12 (a)(2) or (3) — or 90 days in a Social Security action — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

B. KINCEY GREEN JR.
 REEVES & STEWART PC
 PO BOX 447
 SELMA, AL 36702-0447

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DEBRA P. HACKETT, CLERK OF COURT


 Signature of Clerk or Deputy Clerk

Date: August 15, 2018

Civil Action No. 2:18-cv-719

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify):* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

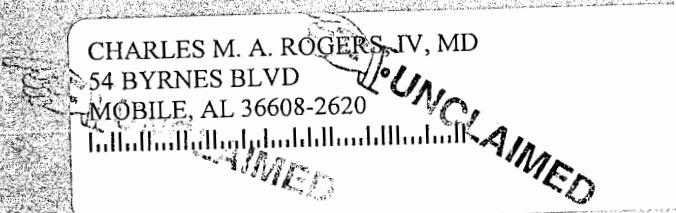
Office of the Clerk
United States District Court
One Church Street
Montgomery, AL 36104



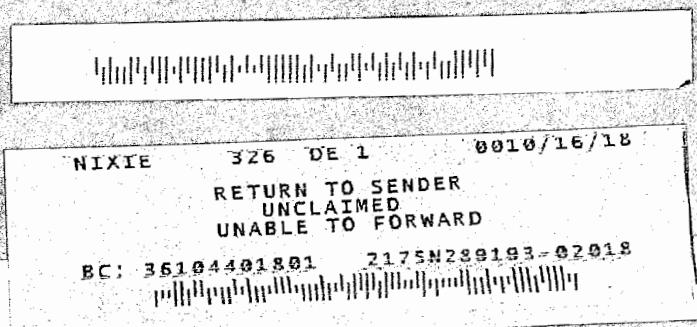
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2018 OCT 19 A 11:03

DEBRA P. HACKETT, C.
U.S. DISTRICT COURT
SOUTHERN DISTRICT
OF NEW YORK



UNCLAIMED



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: CHARLES M. A. ROGERS, IV, MD 54 BYRNES BLVD MOBILE, AL 36608-2620  9590 9402 3922 8060 1296 19		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7016 1970 0000 9008 8503		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery Domestic Return Receipt	
PS Form 3811, July 2015 PSN 7530-02-000-9053			

2:18cv1943